06209

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Templeville
LENGTH OF STAY (in this place) 28 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Templeville
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Jane (Last) Bosely
4. DATE OF DEATH (Month) 6 (Day) 18 (Year) 1949

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10/10/1856
9. AGE last birthday 92 yrs. If under 1 year Months 8 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Silas Slaughter
14. MOTHER'S MAIDEN NAME Harriett Wimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Roland Bosely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of hip — 2 weeks

904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

186a (c) Artificial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Fall
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Mt Templeville (COUNTY) Q A (STATE) Md
TIME OF INJURY (Month) J (Day) 4 (Year) 1949 (Hour) 9 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from Jan, 1944, to J 18, 1949, that I last saw the deceased alive on Jan 17, 1949, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C H Metcalfe M.D. ADDRESS Ridgeville Md DATE SIGNED 6/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/20/49
NAME OF CEMETERY OR CREMATORY Joppa
LOCATION (City, town, or county) (State) Falls Mill W. Virginia

DATE REC'D BY LOCAL REG. 6-20-49
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1949
BUREAU Y. S.

Evidence for addition of 18 I[1] shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06015

FILM No. G 121 JUL 22 1949

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrows — LENGTH OF STAY (in this place) 5 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Queen Anne's
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville R-F-D
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Logan (Middle) (Last) Campbell

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: 6/14/1884

9. AGE last birthday: 65 yrs. — If under 1 year: Months —, Days —; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker

10b. KIND OF BUSINESS OR INDUSTRY: Oyster

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Martha Carter Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): War I

16. SOCIAL SECURITY NO.: 215-26-2705

17. INFORMANT: Hoxton Harris Chester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage	
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95C	(b)	
	(c) Hypertension & Heart Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Death notice to the 7/21/49 95)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Henry Fisher	M.D. Deputy Med Exam for Q.A. Co	Centreville Md	6/1-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 4-49	Grasonville	Grasonville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 4-'49	Helen M. Aldridge	Baxter Bros	Centreville Maryland

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JUN 14 1949
BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15 -

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06016

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location) Chesterfield Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LILLIAN	ARMSTRONG	CANN	June	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Oct 2 1874	74 yrs.	8	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Delaware	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Armstrong	Norma Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	none	Mrs William H Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443
93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 1, 1949, to 6/6, 1949, that I last saw the deceased alive on 6/6, 1949, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE W. B. McPherson (Degree or title) ADDRESS Centreville, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 8. 49	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-8-49	Elsie Armstrong	Baxter Bros	Centreville Maryland

RECEIVED
JUN 21 1949
BUREAU V. S.

06210

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	E	Green	June	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.		Oct. 25-1883	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer		Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Green	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Wm. Green (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mitral Heart Disease

Antecedent cause(s)

410 926 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Dr. Not treated for Dr.

(c) Dropsy Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hardening of Arteries

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
None			m.	None	None

22. I hereby certify that I attended the deceased from June 14, 1949, to June 15, 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 5 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Thomas S. Dudley Physician Church Hill June 15

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	June 18	Lodge Cem.	Church Hill	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 17	Edgar L. Lane	Edgar L. Lane	Church Hill

RECEIVED
SEP 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06017

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 19yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) LOUISE (Last) MASSEY

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 15-1890

9. AGE last birthday: 59 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Queen Annes Co Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Frank Pinder

14. MOTHER'S MAIDEN NAME: Mary E. Pinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Louise Massey Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Reticular Cell Sarcoma upper jaw.

196 Antecedent cause(s)

452 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) From Caries of Tooth

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 & 9 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1948, to June 25, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 1.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher M.D Centreville Md 6/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: June 28-49

NAME OF CEMETERY OR CREMATORY: Christ Hill Cemetery

LOCATION (City, town, or county) (State): Christ Hill Maryland

DATE REC'D BY LOCAL REG. June 27 1949

REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Barton Bros

ADDRESS: Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1949
BUREAU F. S.

06018

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Ann MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmichael — LENGTH OF STAY (in this place) 25	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmichael
HOSPITAL OR INSTITUTION OR STREET ADDRESS R Water	STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Gilbert (Middle) Tilghman (Last)

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1949

5. SEX: M. — 6. COLOR OR RACE: Col. — 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) — 8. DATE OF BIRTH: July 16-23 — 9. AGE last birthday: 26 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labour — 10b. KIND OF BUSINESS OR INDUSTRY: none — 11. BIRTHPLACE (State or foreign country): Queen Ann Co. Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clarence E. Tilghman — 14. MOTHER'S MAIDEN NAME: Effie Hutchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): none — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: Clarence E. Tilghman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.3 Immediate cause (a) This man was an Epileptic — he had a convulsion on river marsh

Antecedent cause(s) (b) while fishing - he fell on his face

85 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) + asphyxiated

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1949, to 6/30, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at ? m., from the causes and on the date stated above.

SIGNATURE: W. Henry Frisher MD (Degree or title) Dept. Med Exam - Tal Co Md — ADDRESS: Centreville Md — DATE SIGNED: 7-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 3-49 — NAME OF CEMETERY ~~OR CREMATORY~~: Carmichael — LOCATION (City, town, or county) (State): Queen Annes, Co

DATE REC'D BY LOCAL REG.: July 2-1949 — REGISTRAR'S SIGNATURE: Helen M. Aldridge — 24. FUNERAL DIRECTOR: Leon W. Henry — ADDRESS: Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 6 1949
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